## United States District Court

for the

Distr	rict of Oregon	FILED 10 11 10 11 07USDC-ORP		
TNW Fireurms, Inc. Et al. Plaintiff Tactical Manufacturing In Defendant	- ) ) Civil Ac <b>C·</b> ) )	tion No. 3110-CV-1245	-AC	
MOTION FOR APPOINTM APPLICATION TO PROCEED IN DISTRIC (S			OSTS	
defendant I am a plaintiff or potitioner in this case and determined that I am entitled to the relief requested.	•	ble to pay the costs of these proceed	lings and	
In support of this application, I answer the following questions under penalty of perjury:				
1. If incarcerated. I am being held at:		N/A		
appropriate institutional officer showing all receipts, exinstitutional account in my name. I am also submitting incarcerated during the last six months.  2. If not incarcerated. If I am employed, my entractical manufacturing 57319 Hosen roads warranger 97053  My gross pay or wages are: \$Self employed and appropriate payments.	a similar statemer  mployer's name ar	at from any other institution where I ad address are:		
(specify pay period) Braking Even.  3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):				
<ul> <li>(a) Business, profession, or other self-employmen</li> <li>(b) Rent payments, interest, or dividends</li> <li>(c) Pension, annuity, or life insurance payments</li> <li>(d) Disability, or worker's compensation paymen</li> <li>(e) Gifts, or inheritances</li> <li>(f) Any other sources</li> </ul>	nt Yes Yes	☐ No  10-No  20-No  20-No  20-No  10-No  10-No  10-No	аррчу).	
If you answered "Yes" to any question above, a state the amount that you received and what you expect			oney and	
Loss from Busines	1 2009	\$ 4,362.00		
net Lass	2008	\$ 357.00		

4. Amount of money that I have in cash or in a checki	ing or savings account: $\$ 3,843.00$ .
	trust, jewelry, art work, or other financial instrument or
6. Any housing, transportation, utilities, or loan payme the amount of the monthly expense):  \$1,100.00 Rent, Use V.  Gaid to Parents Joh	ents, or other regular monthly expenses (describe and provide chicle) Deisel  n o Bonutae Holler
7. Names (or, if under 18, initials only) of all persons	who are dependent on me for support, my relationship
with each person, and how much I contribute to their support:  Heidi Lynn Koller  Arianna Christine Kor  400.00 lach Mon	ler 15 yrs daughter nth
Declaration: I declare under penalty of perjury that the statement may result in a dismissal of my claims.	ne above information is true and understand that a false
Date: 11-10-2010	La
	Applicant's signature  Scott KoLLEK
	Printed name

DEFENDANT